

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
 Yoshifumi TANIMOTO
 Serial No: 10/045,698
 Confirmation No.: 9845
 Filed: January 10, 2002
 For: Relay Server, Communication System
 and Facsimile System

Art Unit: 2157
 Examiner: Burgess, Barbara N.

I hereby certify that this correspondence
 is being transmitted via electronic filing
 on the date indicated below to:

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

March 9, 2007

Date of Deposit

Juanita Sobepranis

Name: *Juanita Sobepranis* 3/9/2007
 Signature Date

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

Reply and Request for Reconsideration under 37 CFR 1.116.
 Transmittal of Verified Translation of Priority Documents (JP 2001-007049; and JP 2001-007876).
 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	21	-	21	**	0	LG=\$550 SM=\$25	\$ 50
INDEPENDENT CLAIMS FEE	4	-	5	***	0	LG=\$200 SM=\$100	\$ 200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS							
LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180							
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)							
\$250 FOR EACH ADDITIONAL 50 PAGES							
Independent Claims: 1, 2, 8 and 17							
TOTAL							
\$ 0							

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

Please charge the amount of \$____ to cover the additional claims fee to Deposit Account No. 50-1314.

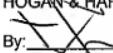
Please charge the amount of \$____ to cover the extension fee to Deposit Account No. 50-1314.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By: 
 Troy M. Schmelzer
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Date: March 9, 2007

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